



GEORGIA STATE BOARD OF NURSING HOME ADMINISTRATORS

237 Coliseum Drive, Macon, Georgia 31217-3858

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ADMINISTRATOR-IN-TRAINING CHANGE OF PRECEPTOR AND/ OR SITE

License # NHAT _____ Expiration Date: _____

This form must be Reviewed and Approved by the Board before any changes can be made.

NAME OF AIT: _____

ADDRESS: _____
Street City State Zip Code

TELEPHONE: () E-MAIL: _____

NAME OF PREVIOUS PRECEPTOR: _____

LICENSE #: NHAP _____

Expiration Date: _____

CHANGE IN PRECEPTOR REQUEST

NEW PRECEPTOR'S NAME AND LICENSE NUMBER:

NAME _____ LICENSE #: NHAP _____
(Please Print Clearly)

CHANGE IN SITE REQUEST

NEW TRAINING SITE NAME, ADDRESS AND LICENSE NUMBER

NAME OF SITE _____ LICENSE #: NHAS _____

ADDRESS: _____
Street City State Zip Code

(Signature of AIT)

(Date)

(Signature of New Preceptor)

(Date)